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SEP 2 7 2005

Application Data Sheet

Application Information

Sequence submission?::

Not Yet Assigned Application number::

Regular Application Type:: Utility Subject Matter .: N/A Suggested Group Art Unit::

CD-ROM or CD-R?:: None None

No Computer Readable Form (CRF)?::

METHODS OF ASSESSING THE RISK OF Title::

REPRODUCTIVE FAILURE BY

MEASURING TELOMERE LENGTH

59802US(49947) Attorney Docket Number::

Request for Early Publication?:: No No Request for Non-Publication?:: Yes Small Entity?::

Petition included?:: No

No Secrecy Order in Parent Appl.?::

Applicant Information

Inventor Applicant Authority Type::

Primary Citizenship Country:: US

Full Capacity Status::

David Given Name:: Middle Name::

Keefe Family Name:: Newport City of Residence::

State or Province of Residence:: RI US Country of Residence::

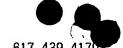
26 Moorland Road Street of mailing address::

City of mailing address:: Newport

Page#1

Supplemental <Appl Num> <Filing Date> 04/19/05

487483



State or Province of mailing address::

Postal or Zip Code of mailing address::

02840

Correspondence Information

Correspondence Customer Number::

21874

Representative Information

Representative Customer Number::

21874

Domestic Priority Information

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Provisional Application Number(s)	Filing Date (dd/mm/yyyy)	
60/419,071	16 October 2002	
60/452,741	07 March 2003	

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		-	

Assignee Information

Women & Infants Hospital of Rhode Island 101 Dudley Street Providence, RI 02905